Name in Full | Certificate of Death

Frank Brown.

Died at Town near Marlboro. County Prince Geo. MARYLAND

Date 1899 Month Sept. Day 16 | Age Y. 74 M. D. | Native of Md | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 7

Husband ~~Wife~~ of Martha Ann Brown

Father's Name | Mother's Name

Cause of Death { Primary Dropped Dead 167 | How long sick

Immediate Unknown | Accident, Suicide, Homicide

Reported by Scott Armstrong There was no Dr.

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full — Certificate of Death

James A. Dubois

Died at Riverdale (Town) P.G. (County) MARYLAND

Date 189 9 — Month Sept. — Day 18 — Age 82 — M. — D. — Native of America — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ — Widower — Number of children living

Husband of Fannie Dubois
Wife

Father's Name don't know — Mother's Name don't know

Cause of Death — Primary: old age 141 — How long sick 5 years

Immediate: Exhaustion — ~~Accident Suicide Homicide~~

Reported by Dr. C. A. Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full: Charles Hall —

Certificate of Death

Died at: Town Marlboro County Pr Geo MARYLAND

Date 1899 Month 9 Day 16 | Age Y. 30 M. — D. | Native of Maryland | Occupation R R hand

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~

Number of children living 3

Husband of Wife: Susan Bosnell

Father's Name: Don't know

Mother's Name: Don't know

Cause of Death: Primary Typhoid fever / Immediate Hemorrhage from bowels

How long sick: Weeks

Accident, Suicide, Homicide

Reported by: Dr L Altiffich —

Address: Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Dr Julius Hall

Died at Town Melwood County Pr Geo MARYLAND

Date 1899 Month 9 Day 4 | Age Y. 81 M. D. | Native of Md. | Occupation Retired M D

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband of Wife

Father's Name Don't know

Mother's Name Don't know

Cause of Death: Primary Valvular Disease of Heart — How long sick 3 weeks

Immediate " " 57 — Accident, Suicide, Homicide

Reported by Dr L Ahlfeld

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Gertrude Hartley

Certificate of Death

Died at Town Bladensburg County Prince Geo. County MARYLAND

Date 1899 Month Sept Day 24 | Age Y. 17 M. 7 D. 19 | Native of Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband Wife of X 1

Father's Name George Edward Hartley

Mother's Name Sarah Elizabeth

Cause of Death Primary Typhoid fever

Immediate Hemorrhage of bowels

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr. G. A. Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sophia Blake Hawkins — Certificate of Death

Died at near Town T.B. County Prince Geo Co MARYLAND

Date 1899 Month Sept. Day 8 | Age Y. abous. 64 M. yrs D. | Native of Aquasco Md | Occupation Housekeeper

~~Male~~ Female | White Colored | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 10

~~Husband~~ Wife of Alfred Hawkins

Father's Name Abraham Keys | Mother's Name Caroline Keys

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 3 or 4 yrs

Immediate Hemorrhage of Lungs — ~~Accident, Suicide, Homicide~~

Reported by John A Carr M.D.

Address T.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEGRS

Name in Full

Certificate of Death

Viola Gipson Holland

Died at Town: Bladensburg County: Prince George's MARYLAND

Date 1894 Month: Sept Day: 18 | Age Y. 23 M. — D. — | Native of Bladensburg | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Dallas Holland

Mother's Name Ida Holland

Cause of Death: Primary Premature Birth 138k | How long sick 23 days

Immediate Inanition | Accident, Suicide, Homicide

Reported by V L Petry

Address Hyattsville Prince George's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John H. Inander

Certificate of Death

Died at Town Marlboro County Pr. George's MARYLAND

Date 1899 Month 9 Day 22 | Age Y. 83 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Marlboro Gazette 9-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Ambros Jackson

Died at Town Rosaryville County P. G. Co MARYLAND

Date 1899 Month Sept Day 7 Age Y. M. D. Native of md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 7

Husband ~~Wife~~ of Lucie Jackson

Father's Name

Mother's Name

Cause of Death Primary Typhoid fever

Immediate

How long sick 4 weeks

Accident, Suicide, Homicide

Reported by Scott Armstrong Dr W. H. Gibbons was

Address Forestville Md to see him once

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Louise Jess

Certificate of Death

Died at Town Mar Laurel County Pr Geo MARYLAND

Date 1899 Month Sept. Day 30 Age Y. M. D. 26 Native of US Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Chas W Jess Mother's Name Mary Jess

Cause of Death Primary Stomatitis 78 How long sick Since Birth

Immediate Accident, Suicide, Homicide

Reported by J R Smith

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55555

Name in Full Gladys. Koutner

Certificate of Death

Diod at Town Laurel County Pr Ges. MARYLAND

Date 1899 Month Sept. Day 3. Age Y. — M. 11 D. — Native of U.S. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children living~~ 82

Husband / Wife of

Father's Name Henry Koutner Mother's Name Mary Koutner

Cause of Death: Primary Enteros Colitis How long sick 5 weeks

Immediate Cerebral Congestion ~~Accident, Suicide, Homicide~~

Reported by J. R. Smith

Address Laurel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full James Lucker

Certificate of Death

Died at Town Meadows County P.G. — MARYLAND

Date 1899 Month 9 Day 2 | Age Y. 62 M. — D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife Jane Lucker

Father's Name Don't know

Mother's Name Don't know

Cause of Death: Primary 57 | How long sick 2 yrs

Immediate Valvular disease of heart | Accident, Suicide, Homicide

Reported by Dr L. A. Griffith

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Hugh Mitchell

Certificate of Death

Died at Town County Pr. Georges MARYLAND

Date 189 9 Month 9 Day 27 | Age Y. 61 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband of Wife Mary Ristean Jenifer

Father's Name Gen. Walter Mitchell

Mother's Name 97

Cause of Death: Primary Complication of Brights

Immediate & heart disease

How long sick

Accident, Suicide, Homicide

Reported by Marlboro Gazette 10-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Charles M Robinson

Certificate of Death

Died at Town Mitchells Creek County Br. Pen Co MARYLAND

Date 189 9 Sept 19 Month Day

Aga Y. M. D. 5

Native of Maryland

~~Occupation~~

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children ~~living~~

~~Husband~~ ~~Wife~~ of

Father's Name Charles H Robinson

Mother's Name Mary E Robinson

Cause of Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

161

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79906

Name in Full Millard C. Smallwood

Certificate of Death

Died at Town Rosaryville County P.G. MARYLAND

Date 1899 Month Sept Day 6 | Age Y. 18 M. 1 D. 28 | Native of Md | Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm R Smallwood

Mother's Name Catharine I Smallwood

Cause of Death: Primary Typhoid fever 1 | How long sick 3 weeks

Immediate Intestinal hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by W. H. Gibbons MD

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full Mary J. Sweeney — Certificate of Death

Died at Town Crown County P.G. MARYLAND

Date 189 4 Month Sept Day 11 | Age Y. 11 M. D. | Native of Md | Occupation Infant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Jeremiah Sweeny | Mother's Name Margaret J Sweeney

Cause of Death: Primary Enteric Colitis pr — How long sick 3 months

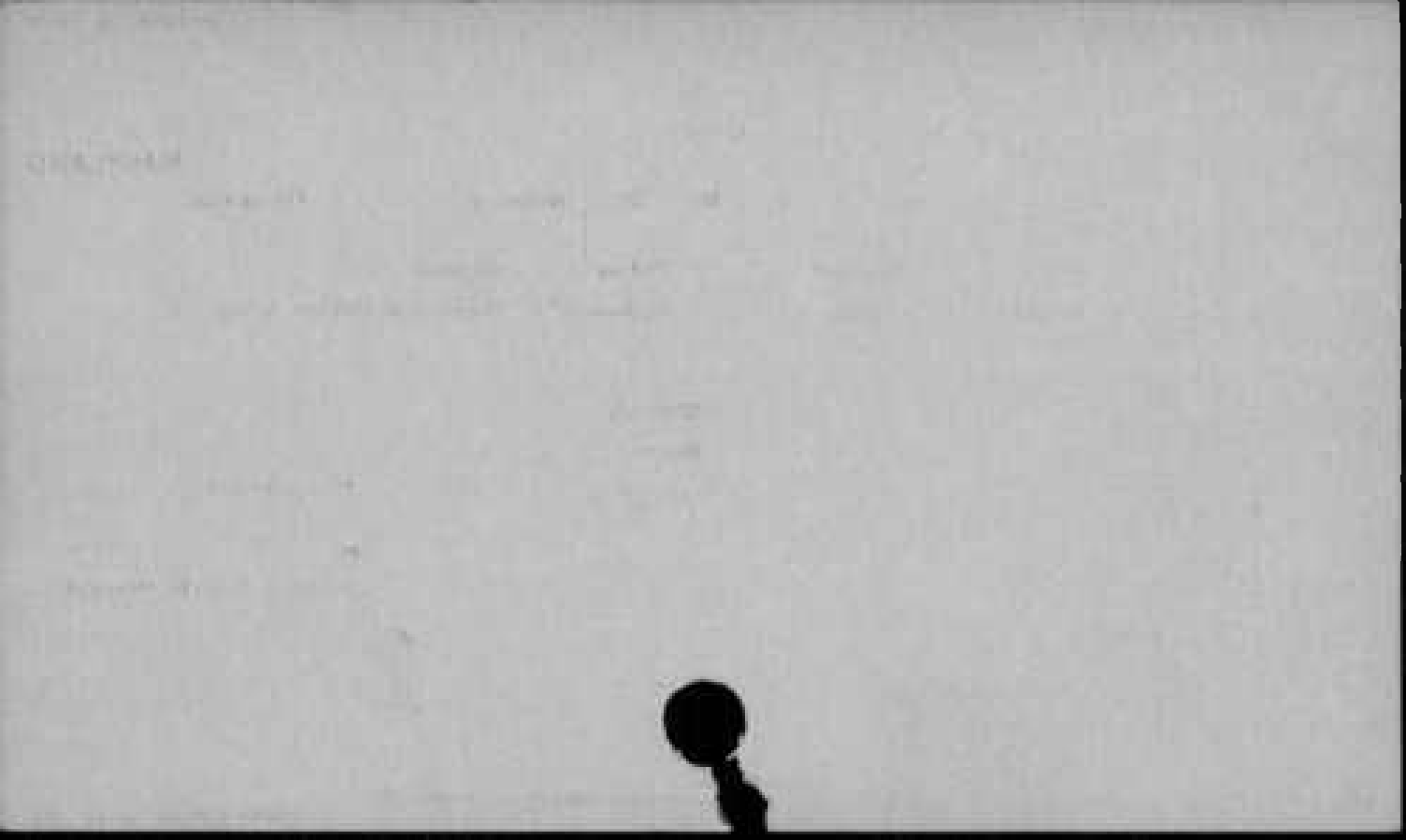
Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by W. N. Gibbons M.D.

Address Crown Md

Must be signed by physician, if any in attendance, other [illegible] coroner, undertaker or minister.

LIBRARY BUREAU. 65068



Name in Full

Certificate of Death

Mabel Blanche Waters

Died ~~at~~ near Town Westwood County Pr. Geo. Co. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	9	5	Age	0	11	8	Pr. Geo. Co	—

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name Thos. Henley Waters

Mother's Name Ada B. Green

Cause of Death — Primary: Enteric-Colitis 82 — How long sick: 8 days

Immediate: Cholera Infantum — ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by E. N. Hinman, M. D.

Address Co. Marlboro - Calvert Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 8598B

Name in Full Susan Ann Catharine Willett

Certificate of Death

Died at Town Accokeek County Cr. Ges. MARYLAND

Date 1899 Month Sept. Day 18 Age Y. 66 M. 10 D. 26 Native of Chas. Co. Md. Occupation House-wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of James F. Willett

Father's Name Bernard Berry Mother's Name Susan Acton

Cause of Death Primary Old age. How long sick 3 weeks

Immediate Pneumonia 72 ~~Accident, Suicide, Homicide~~

Reported by E. L. Hurtt M.D.

Address Piscataway Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBRR

Name in Full Fr. Thos. C. Worthington

Certificate of Death

Died at Town Laurel County Pr. Geo. MARYLAND

Date 189 9 Month 9 Day 15 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 0

Husband of Wife

Father's Name

Mother's Name 128

Cause of Death Primary Prostration caused by carbuncle

Immediate

How long sick

Accident, Suicide, Homicide

Reported by John Crowmiller MD

Address Laurel, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Henry Young

Certificate of Death

Died at Town T.B. County Pr George MARYLAND

Date 1899 Month Sept Day 10 | Age Y. about M. 6 D. 7 yrs | Native of Maryland | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband ~~Wife~~ of Celia Young

Father's Name Kelty Young

Mother's Name Jane Berry Young

Cause of Death: Primary Valvular Heart disease — How long sick year

Immediate Exhaustion 57 — ~~Accident, Suicide, Homicide~~

Reported by John A Coe MD

Address T.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968